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HARVEST-TIME

The harvest indeed is great, but the laborers are few. Pray ye, therefore the Lord of the harvest, that He send forth laborers into his harvest.
(Matt. 9:37-38)

IT IS a pity that our "cellophane age" takes the edge off Our Lord's words. Our "Birds-Eye" civilization may not be able to appreciate the sweat and labor that goes into harvesting. The Supermarket has superseded the barn, and about the only thing that many moderns know about "harvesting the crops" is that the end product certainly costs a great deal. The high price of food gives some idea of the costliness of the harvest.

But whether we know the meaning of harvest first-hand in the fields, or second-hand in the stores, we may certainly appreciate the urgency of Our Lord's commands: "Pray ye, therefore, the Lord of the Harvest, that He send forth laborers into his harvest." Aware ourselves, of how much work there is to be done, and what a costly work it is, how importunely ought we to beg of God, "in season and out of season," to pour forth the riches of His grace into the hearts of many young men and women that they may undertake to work in the Lord's fields.

In the missions it is always harvest-time. And the missionaries are so pitifully few. "Pray ye, therefore, . . ." Hear these words of Our Lord, understand them that they may bear fruit in many many more missionary vocations for the Church.

The harvest is indeed great, how great only those in the field who look for "just one more" really know. When this Fall our eyes feast on the beauty of our woods and fields and delight to see the cornstalks and the pumpkins and the yellow moon of harvest-time, pray for that "one more" to go forth to the Lord's harvest.

—Sr. M. Gerard, S.C.M.M.

Sr. M. Richard behind the camera. Taj Mahal in background.

They're in the Missions Now!

Sr. M. Richard, S.C.M.M.

THEY SAY it is characteristic of youth to "dream dreams" and youthful candidates in missionary communities are not immune to this disease. They are particularly "infected" with it.

Ten years ago we sat beneath an elm tree at the Motherhouse on the outskirts of the City of Brotherly Love, on rickety green benches without backs, peeling apples and dreaming dreams. Dreams of . . . immaculate white habits, ocean liners, snakes, tropical palms, leprous patients, elephants and Urdu dialects. We could easily see ourselves bending over brown-skinned bodies, arriving at mud huts just in time to bring one more little citizen into this world or rescuing the lonely Mohammedan woman from her secluded quarters, performing an emergency appendectomy and saving her life. Oh, how many lives we saved beneath the elm tree and how many apples we peeled. Such a yield of applesauce!

We Postulants had made the break with family and friends. We had tasted the fruit of this first sacrifice and found it good. There was no limit to all that we were going to do for God. As our Postulant days progressed, a realistic Novice Mistress recklessly interrupted our periods of planning for our missionary future by placing hoes and spades in our hands and serious thoughts in our minds. It soon became necessary to confine our dreaming to bedtime. But, there were always the apple peeling periods when Postulants found

it possible to bi-locate to India or Africa and accomplish heroic deeds before the bushels were emptied.

A decade has passed. It's unbelievable. And where are the apple peelers now? the Novices and Postulants of yesterday? The dreamers are wide awake today and active in the medical mission apostolate in India, Pakistan, Africa and North and South America. Thank God, they are not all doctors, for if the "body were all eyes where would the feet be" and if the Society were all doctors, where would the nursing, the pharmacy, household supervision, medical and X-ray laboratories be? They now know that it takes many different specialties joined together to enable the Society to live and grow and carry on the medical mission apostolate. One is a nurse-pioneer of Holy Family Hospital in the African bush country of Berekum; one is in charge of the Motherhouse farm, the bountiful provider of meat, vegetables and APPLES, Another R. N. and midwife extraordinaire is nursing in the South American way at our hospital in Venezuela; another is finishing her internship and awaiting a mission assignment at last. Still another is engaged in promotional work in the U. S. A. She's from Missouri so we can't tell her she is not doing a vital job in the medical mission apostolate, nor would we want to. They are pharmacists and instructors, surgeons and secretaries, dietitians and technicians, these friends of my youth.

If you are a "pencil-pushing" Medical Missionary (and there's no inconsistency there) instead of a "scalpel-wielding" one (Sister-doctors are chained by the stethoscope to their respective hospitals) you sometimes get the opportunity to travel beyond the borders of your particular Holy Family Hospital and visit some of the Society's other centers in the neighborhood (neighborhoods are large over here —round 2000 miles). Such good fortune was recently my own and how wonderful it was to shake the hands that peeled the apples under the elm with me. There's an old song, the title of which I cannot remember nor do I remember the tune, but two phrases of which I shall never forget: "Just look at

Yesterday, Sister M. Jutta, R.N. in the cornfield.

Today, Sister M. Jutta, R.N., is in Bombay, India.

me now!" and "I'm so proud." Having met some of my companions of the applesauce campaign, I did the former with the latter result.

Sister Adelaide was the first one I met and she hadn't changed a bit. Sister provides the food by her supervision of the kitchen, and supplies the clothes by directing the durzi (tailor to you). Sister Adelaide is also the Holy Family Hospital, Patna accountant, laundry supervisor, fund-raiser for the new hospital and teacher of bacteriology and nutrition at the largest Catholic Nurses' Training School in India — our own Holy Family Hospital. It was easy to see that other Sisters are as essential to the smooth running of the hospital as the Sister-doctor is. I left Patna humming, "I'm so proud, I'm busting my vest!"

Moving on to Mymensingh in East Pakistan, I came upon a champion of old. Sister Marcella could skin an apple in one continuous peel to the amazement of us all. It's difficult, try it sometime. When I arrived, Sister who is small, was standing on portable steps in the operating room. She was removing the diseased eye of a young Mohammedan. Sister M. John, now planning the medical laboratory in the Delhi hospital, is an expert in "bugs and blood" having worked as a technician in several Holy Family Hospitals in India and Pakistan. Sister can look down the barrel of a microscope and discover the "whys and wherefores" of a sick man's state. No dreaming permitted at such work!

If Sister Thaddeus, our Arizona lass, was dreaming of nursing in India while we sat in a circle beneath the elm, the dream certainly has come true. I saw her in the Men's Ward at Holy Family Hospital, Mandar. There were about 40 sick gentlemen of all ages giving her lots of practice in nursing arts. While she worked, I watched, "with pride in my eyes."

And so the Postulants and Novices of yesteryear have become the Medical Mission Sisters of today. The dreams of apple peeling days have been pared down through the years. Now they know that white habits are often wet and wilted in the tropical heat, that mosquitoes are battled more than snakes, Urdu, Hindi and Twi require hours of study and months of faltering speech before you can really speak, and that often the life you wish to save may not view the matter as you do. And yet the dreams go on, stripped of their accidentals, for in the heart of Medical Mission Sisters everywhere is the dream of doing something for Christ, playing some part in the extension of His Kingdom, helping some souls to recognize their Divine Redeemer. And dreams do come true!

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People of M'Bouma, Africa, look at a health movie — laugh, listen and learn!

WHO'S TO BLAME?

ONE ELDERLY lady maintained her recent severe headaches had been caused by the spirit of a deceased relative who had desired some of her personal property buried with her, but her wish had not been carried out. The death of a young woman in childbirth was attributed to the fact that she would not confess her sins, and had thus, in effect, committed suicide, since the child would not enter this world as the offspring of such a parent. A fisherman claimed his stomach pains were caused by a jealous relative who had the power of evil magic. These are representative of some of the causes of sickness advanced by members of a coastal tribe of the Akan of the Gold Coast, a people who number almost two million. Attributing illness and misfortune to the supernatural is not unique to these people, since the belief is widespread in Africa and other parts of the world. Indeed, we need not go back far in our own history to find similar attitudes and statements.

In order to properly assess the connection between the supernat-

ural and sickness among the Akan, one must understand religion in the daily lives of these Africans. Actually, religion is inextricably linked with all aspects of their culture. To name a few examples, the chiefs are held to be the earthly representatives of the ancestors, and the spirits of deceased antecedents must be informed of economic transactions involving land and other property owned by the clan. Akan tradition dictates that a portion of all food must be placed on the ground as an offering to the *samanfo* (ancestral spirits). Further than this, nature deities have the ability to assist people in remaining healthy or aid recuperation.

It is essential to point out that worship of the ancestral spirits and nature deities is not "witchcraft" as it is so often classified by the European, for religious practices and ceremonies dealing with the former are for the most part carried on openly, and are deeply rooted in the culture. It is true that there is also a belief in evil magic which could be classified under the heading of witchcraft, but this is always covert and only a minor aspect of their theology, and to lump their entire belief system under this heading is an error.

Just as the supernatural has the power to bestow good fortune on the living, so may they become malevolent if their wishes are ignored, and may punish people because of this. Various types of maladies are explained in this manner. However, it should also be pointed out that the Akan also recognize death due to natural causes as well as the fact that people just "naturally" become ill. Moreover, as a result of contacts with Western culture and education, many Africans are now cognizant of the germ theory of disease, and many Christians and Moslems have rejected the traditional beliefs. However, it is also true that many who profess to be Christians still patronize the native priests and herbalists, as well as the government or mission medical technicians, when they become ill.

Many Africans regard the curing or preventive techniques of the European as "white man's magic" which cures by the supernatural power inherent in it, and while it is good for some ailments, they doubt its efficacy for others. Some, not missing any bets, avail themselves of both European and African techniques. In this regard, it is not uncommon to see that an African, whose wound or affliction you have recently treated and disinfected at his request, has changed to native medicine tied with a colored cloth of dubious cleanliness.

The medical worker who dismisses ills attributed to supernatural causes as "silly superstitions" would be making a serious error, I believe. First of all, it would indicate a lack of understanding of the culture of the people with whom he or she was working, and secondly, it would be ignoring the fact that a sickness may be psychosomatic in nature.

The deities and spirits of the African are as real to him as the Christian God is to a Christian, if not more so, and centuries of the tradition that sickness may be caused by the supernatural cannot be quickly eliminated.

—James B. Christiensen, Ph.D.
Wayne University, Detroit, Mich.
(Dr. Christiensen, an anthropologist, did research work in Gold Coast B. W. Africa, as a Fulbright Scholar and Social Science Research Council Fellow.)

Sister M. Grace, M.D.,
Arrives in Rawalpindi, Pak.

Is there a Doctor on board?

Sr. M. Grace, M.D.

IT TOOK us nine days to cross the Atlantic Ocean, a distance of about 3,000 miles; and it will be six days tomorrow crossing the Mediterranean Sea, a distance of just over 2,000 miles.

The ocean has had its varying moods — the sea being rough for three days; and the Mediterranean has been choppy with cold winds and cloudy skies. I would have loved to see the clear, starry nights so beautiful down here. The boat sailed along the coast of Morocco, Algiers, and Tunisia and then crossed over to the tip of Cape Passero, Sicily. We did not see Malta. (Sr. Grace's home country).

The Captain is a solid, elderly Scot, born and bred in the Shetland Islands. He now lives in Edinburgh. The two Senior Officers are English — one of them is the Infirmarian as well. I have been consulted several times about the men's minor ailments and treated some of them — a septic palm of the hand, an open wound in the femoral canal persisting after vein ligation for varicose veins and caused by the unabsorbable suturing material used, an elderly Quartermaster with abdominal upset and internal pain, etc., etc. The Officers seem very grateful for these services and everyone is extremely polite to me.

My first landing was at Beirut on the Feast of the Annunciation and I managed Holy Communion at 11:15 a.m. followed by Holy Mass.

The Church belongs to the Maronite Congregation and the ceremonies were of the Maronite Rite.

I saw the priest afterwards and asked about the hospitals in Beirut. He phoned the Daughters of Charity and I was accompanied to their hospital a few yards away from the Church. The Sisters were very hospitable.

After devotions I was taken around the hospital and also through their orphanage. They do very good work among the poor. One of their Sisters then accompanied me to the large government hospital in the city. It is run by the Sisters of St. Joseph — French Order. They have a house in the States and there was a Sister from Philadelphia. This hospital is nicely built and in an excellent part of the city facing the lovely hills. There are wards for ordinary people and some private rooms for the paying patients. They have well-equipped operating theatres, a dispensary, and even a blood bank. The Sister of Charity and I then taxied again and this time we went to a Maternity Hospital. It belongs to and is run by a new religious order, 15 years old. Their work is purely medical with a special emphasis on obstetrics. The Sisters are fully trained nurses and they have three doctors in the order. They have spread round the Middle-east. The hospital was well-equipped, with lecture rooms for the training of medical students and "sage-Femme" — probably a title equivalent to midwife. This course takes two years. They said it was extremely difficult to get the girls in training.

Beirut has two medical schools, one is run by the Jesuit Fathers and the other is the American College. About one half of the population is Mohammedan and the other half Christian — of the latter the Roman Catholics are in a great majority, next come the Greek Orthodox, and now a few Protestants. The City is dirty, unevenly built with streets running in all directions. The roads are very narrow and all the cars and busses are large, almost all American make, possibly because of the hilly countryside. Driving through that traffic is a real nightmare!!

The next stop was in Alexandria on Saturday, the 27th. I managed to get to Church by 9:15 and was given Holy Communion. The last Mass had been at 8:30. The Church belongs to the Capuchin Fathers. After Communion, the good Brother gave me some holy pictures and when I went to thank him I discovered he was Maltese. I asked him if there were any English nuns in the town and he said there were the Sacred Heart nuns. He found a man to accompany me to their convent but when we arrived there they were not the Dames as I had expected. Nevertheless, they made me very welcome. They are Irish Franciscans and they have a house in Boston. The Superior then told me that she had phoned a Maltese family asking them to take me out to see Alexandria.

The Bianchis turned out to be distant cousins of mine — Philip's grandfather and my grandfather were brothers. So during the rest of Saturday and all Sunday I was entertained by the Bianchi's. I was taken to see the sea-side resort places, the King's palace.

Early Monday morning we sailed for Port Said, arriving there about 6 o'clock. We were not allowed ashore; we stayed there for a few hours. We got through the Suez Canal at midnight. It was very interesting to see the formation of the convoy, nine ships at a time, and then the going through the canal at a dead slow speed. We were delayed for some six hours

at the great Bitter Lake because one of the ships in the opposite direction went ashore and the other boats could not pass until this one was out of the way.

The next stop was at Jeddah. Here no passengers were allowed ashore but one could walk up and down the pier. While I was having some exercise on the pier, I noticed a boy of 8 or 9 years with deep and large ulcers on his leg. I took him on the boat and put a soothing dressing and a bandage on the leg. In no time other patients came for treatment and advice. One man said, "You doctor?" On my affirmative answer, he said, "I cough, cough, cough." I answered back, "You smoke, smoke, smoke," and we both laughed. I had noticed that many of the dockers there were chain-smokers. Then I spoke to them in Maltese and a still larger crowd collected around me. They asked about my crucifix. Fortunately the word for crucifix is the same in Maltese and Arabic. Maltese seems to be a dialect of Arabic. Some words mean the same thing while others are different or have a different meaning. I can make them understand me but I cannot always understand what they are saying.

At Djibouti we landed after 2 p.m. I was walking to the church when a car stopped and offered me a lift. I told the lady that I was going to the Catholic church but she decided that I should go to the Convent and there she took me. The nuns are French but there were two that spoke English. They are Franciscans; they have the run of the Government Hospital, a dispensary there for treatment of minor ailments, and an orphanage. I saw some pathetic cases in the hospital. One young mother in her early twenties was kissing my hands, I suppose in thanksgiving for having been successfully operated upon for cataract, and meanwhile her little child of 3 or 4 years was crying out — the Sister said he was saying, "Give me light." The child is totally blind.

The Captain has asked me to dine with him and Mr. and Mrs. Kidwai, the Indian Consul and his wife, tomorrow. I suppose he wishes to show his gratitude for the medical help I was able to give his crew.

—Sr. M. Grace, M.D.

P.S. We reached Karachi on the 10th but we got in port yesterday morning, the 11th.

Here is a note I received from the Crew—

ODE TO A CHARMING LADY PASSENGER

There's grace in one's movements,
And there's Grace before meals,
But the GRACE in mind now is THE GRACE for whom we all feel a sincere admiration,
SISTER GRACE.

She's delightful to know and grand as a friend,
And because SHE'S on board,
Loughran's now on the mend,
From the ailments SHE DOCTORED,
'Cause had she not done so, 'Tis anyone's guess
What would have happened to Loughran,
As he sure was a mess from his previous OP'S.

So tomorrow SHE leaves us at Pakistan's door,
And all of us wish her pleasant travelling and more,
A Happy Sojourn in this Eastern Land,
And a Happy Return home to, SISTER GRACE

In admiration with all the rest,
Yours Sincerely,

m.v. "SILVEROAK"

Karachi, 9-4-54

Little Mohammed goes home cured!

A RING and a SURGEON'S FINGER

Sr. M. Pierre, R.R.L.

THE new suction machine arrived just in time. We had only one the kind you attach to a water faucet. And in came not one but two babies requiring tracheotomy operations. Sr. M. Kateri had already taken the new suction machine to the O. R. and had added it to her inventory, but immediately had to loan it to pediatrics for one of the babies with a tracheotomy tube. (The tube is inserted in the trachea, when for some reason the baby cannot get air through the upper respiratory system. This tube becomes clogged with mucus and a suction machine is required to suck out the discharge, otherwise the patient would choke.) One of these babies had diphtheria and had to be isolated far away from the Children's department. The other had swallowed an earring, 17 days before it was brought in, and this latter event turned out to be a very dramatic one.

Sr. Elise had just left for Murree and Sr. M. Grace seemed to be getting a real work-out — lots of surgery, medical patients and many sick, sick babies. No Dispensary on Sunday, but right after Mass Sr. M. Dolores saw a group of men and a woman with a sick baby in her arms coming up the front steps. After a few moments the whole story came out. The baby had swallowed an earring, 17 days before. It had lodged in his throat and four different local hospitals had been unsuccessful in releasing it. When all else failed they had come to us with almost frightening confidence. The parents had had an x-ray made showing the position of the earring. They also brought an earring, the mate of the one inside the baby's pharynx. It was flat, about ½ inch in diameter, of a nice pink color, which a baby could easily mistake for a piece of candy. Jutting out from the center at the back was a dull pin about ½ inch long.

After 17 days of labored breathing, becoming worse as edema increased, the baby was in a critical condition. There was no time to lose. Sr. Grace and Dr. Hagedus got busy. First a tracheotomy was done to insure an adequate and easier supply of air. Dr. Hagedus made the first exploration. His finger was a little too large. Sr. Grace, M. D. then managed to get in a little deeper with her thinner finger. She felt the flat part just at the tip of her finger. The pin point

was evidently imbedded. Just imagine putting your finger into a tube just large enough to admit your finger, feeling a penny at the end and then trying to get it out. This was the doctor's predicament. With a laryngoscope, it might have been so easy. With no laryngoscope, Sr. Grace kept moving her finger as much as she could in that narrow space and she felt the ear ring loosen a little bit. . . . Then Dr. Hagedus tried. . . . Then Sr. Grace again. It seemed pretty hopeless. After two hours of trying, the two doctors decided to wait a few days. If the baby survived they could try again. In the meantime the edema might subside and give a little more room for manipulation.

Then Sr. M. Grace decided on one more "try" and you could feel the Sisters and the nurses praying. From then on nothing much was said. One could almost tell what was happening from the changing expressions on Sr. Grace's face. Once Sr. Grace said, "the pin is about 1/3 out now." Again, "Now about 2/3rds." Again, "the pin is out now, but I cannot get it up." And then her hand began coming up a little higher and there was the earring out. Was it too late? It seemed so for about two days. Weakened and exhausted he now had to fight the battle of an almost overwhelming infection. Sr. M. Regina and her nurses in pediatrics were constantly with him fighting with a galaxy of anti-biotics. It was over a week before he smiled or showed much life. His mother and father, so delighted to see the missing earring in the palm of Sister's hand, hardly dared to leave him. He was their only child, a *boy*. His friends and admirers grew daily and many people had to be kept posted on his condition. Then one day little Mohammed was ready to go home. Astride his mother's hip which seemed to be his favorite position, his cheeks full and pink, his eyes bright, he was a very different child from the one admitted a few weeks previous. His grateful mother and father could not say thank-you enough. We know that they were one family made happy at Holy Family Hospital. Before this happens again we hope we have a laryngoscope.

Sr. M. Kathleen, R.N., (Jersey City, N. J.) plays with Mohammed in the nursery.

You shall be Witnesses to

21 missionaries have been assigned to the missions in 1954. Some are already on their way. The others will follow as soon as visas, passages, etc. can be obtained. They go as your representatives to heal the sick in Christ's name.

Sr. M. Imelda, R.N., Lockport, La., to South America

Sr. M. Rosemary, R.N., Elmhurst, N. Y., to Santa Fe, N.M.

Sr. M. DeMontfort, R.N., Hazelton, Pa., to Berekum, Africa

Sr. M. Lena, R.N., Manila, P.I., to Pakistan

Sr. M. Anton, R.P.T., Chicago, Ill., to South America

Sr. M. Angela, R.P.T., Greenfield, Mass., to Pakistan

Sr. M. Gerald, Toronto, Canada, to England

Sr. M. Hildegarde, Lanarkshire, Scotlan to England

Me... unto the ends of the earth

Sr. M. Barbara, M.D.,
Wil., Delaware,
Returned to India

Sr. M. Rupert, M.D.,
Munchen, Germany,
to India

Sr. M. Grace, M.D.,
Valetta, Malta,
to Pakistan

Sr. M. Martha, M.D.,
Ottawa, Canada,
to Pakistan

Sr. M. Cecelia, B.S.,
in Pharm. Manila, P.I.,
to Pakistan

Sr. M. Gabriel, R.N.,
Elizabeth, N. J.,
to Pakistan

Sr M. Pius, R.N.,
Farley, Iowa,
to India

Sr. M. Bridget, R.N.,
Oklahoma City, Okla.,
to East Pakistan

Sr. M. Rosina, R.N.,
Lisse, Holland,
to Pakistan

Sr. M. Gonzaga, M.T.,
Bay City, Michigan,
to Pakistan

FROM OUR DUTCH PROVINCE
Sr. M. Salome, M. D., Sr. M. Simone, M.T., Sr. M. Benedicta, R.N. to Indonesia.

Mother Dengel, M.D., with Austrian Delegation at Doctors' Congress, Dublin.

CATHOLIC DOCTORS' CONGRESS

Sr. M. Eleanore, M.D.

THIS year it was Dublin that gave Catholic Doctors the opportunity to become acquainted and to help one another in their efforts for Christian humanization of the service their profession gives to mankind. Ireland was host to the 6th International Congress of Catholic Doctors held June 30th to July 4th at Univ. College, Dublin and a splendid hospitality it showed. Not only were the delegates and guests attending the Congress banquet overwhelmed by Irish generosity when 1000 of them received a vase of real Waterford glass as a souvenir, but the general atmosphere of friendliness and cheer was such as only a really Catholic country can give.

Doctors from all over the world, Church Dignitaries, Ministers of State and Members of the Diplomatic corps, were present at the opening and the Mass in honor of the Holy Ghost which was celebrated in the Pro-Cathedral of Dublin.

John Cardinal D'Alton, of Armagh, Primate of All Ireland, told the 6th International Congress that the Welfare State violates individual responsibility to such a degree that the doctor-patient relationship is destroyed. He said the Congress was not only a profession of Faith but also a dedication of loyalty to principles in a materialistic world.

"We are living in an age," the Cardinal declared, "when many refuse to acknowledge the truth, and in some quarters dogma is regarded with disfavor, generally by champions who are only too ready to promulgate their own dogmas usually more rigid than those they condemn."

The Cardinal also deplored the practice of "mercy killing" which he said was condoned in some quarters under the "high sounding title of Euthanasia," and abortion "which is labeled therapeutic."

These doctor's Congresses have developed from smaller meetings of doctors who in various countries interested themselves in medico-moral problems prior to 1932. The activities of Catholic Medical Groups, they felt, should not be confined within their own frontiers but should attain full development at an international level.

"Demography" was the topic of the scientific discussions this year with general introduction to this problem by Professor A. Niede-

(Continued on Page 242)

GO, HEAL THE SICK — THE MEDICAL MISSION WORLD

Sr. M. Daniel, S.C.M.M.

INDO-CHINA

The great majority of hospitals in Indo-China were staffed by the Sisters of St. Paul de Chartres as nurses. In 1903, when the hospitals in France were secularized, the same harsh measure was applied in Indo-China, but to a lesser degree. The Annamite Mandarins themselves took action and begged that the Sisters be allowed to continue in the hospitals.

However, in one institution the government found it impossible at any salary to replace the religious personnel with lay people. These were the leprosaria. Until the uprising of the Vietminh, the Catholic missions had six large leprosaria with over 2,000 lepers.

Mission Bulletin, June 1954

POINT FOUR CONTINUED

In the U. S., a 15 year old student can look forward to more than another half century of life. In the underdeveloped areas a child of 15 has reached middle age. But only 54 out of 100 persons live to the age of 15! To remedy this situation, there is chronic scarcity of trained personnel. Indonesia has 1,000 practicing doctors to serve 75 million people — one for every 75,000. In Libya, there are no native doctors at all. India has only one trained nurse for every 43,000 of her population.

Thirty-eight nations have requested cooperation from the United States in developing health programs. The *Foreign Operations Administration* now has 366 U. S. technicians working overseas in programs of technical cooperation in health. Almost 1600 trainees from these countries are studying in the U. S.

FOA Fact Sheet No. 2, March, 1954

HELP WANTED

Catholics above all others should take a brighter interest in sharing our own wealth, scientific knowledge and technical know-how with the underprivileged of the earth. A Point Four director in a Middle Eastern state said recently that he could not find enough applicants among college graduates for the jobs open in his department. The Catholic schools produced very few.

The Commonweal,, July 9, 1954

A MILD CASE

Dr. Robert G. Cochrane, who is Medical Advisor in Leprosy to the Ministry of Health in England and Wales, believes that the outlook for Hansen's Disease today is probably better than for tuberculosis. Dr. Cochrane gives the sulfone drugs credit for doing a great deal, but he does not think they are the final answer.

Speaking of patients with Hansen's Disease, the doctor emphasized: "There is no more shame to be attached to leprosy than to measles, and of the two, measles is much more infective. The consensus is that leprosy is a very mildly communicable disease."

The Star, June 1954

Sr. M. Anastasia, R.N. (Jordan, N. Y.) chats with Tibetan patients.

PATNA

A Sunday in Patna The hospital was quiet, rounds finished, I was just putting the last things away on my desk, when a visitor arrived, a former patient. He had learned everything by heart that he wanted to say to me — so no use in interrupting him, although everybody in the chapel could probably hear him. Here it is:

Two years ago he was sick. He came here and we operated on him. We gave him food, in short everything — and he got well. But at that time he had no money and could not pay his bill but we let him go anyway. Now he had been well for two years and had been working, he was here to pay his bill. . . . He did not have it. . . . but please make one.

"That will be quite a job," I said, "but you know what you had, so just pay me what you think you want to." Thereupon, he handed me his purse, but told me he had to return home to Mokameh and also eat today, just give him back enough money to do that. We settled on 5 Rupees for his food and train fare and I got 35 Rupees and gave him a signed receipt.

But this does not end here. Two months later, the same patient comes back, takes out of his pocket, the *original* hospital bill, received when leaving the hospital. The total was Rs 45/- and my friend came to pay the balance of the bill. That's honesty!

Sr. M. Stephanie, R.N.

DELHI

The Red Cross gave us some powdered milk and so each morning I become milk-maid for about 30 or 40 children. Such raggedy-anns they are, but so lovable. You can really see the difference it makes in their health. Three out of four of the children have sore eyes and much of it comes from not washing them. We are in the midst of the "lu" right now and dust is thick everywhere. Since the children live, eat and sleep outside they are constantly getting sand blown into their eyes and they don't know enough to wash it away. So in my pidgeon Hindi

I tell them to go wash their eyes at the pumps. —Sr. M. Richard

SOLO, JAVA

I just love the people here. They are so fond of their children and so grateful for anything done for them.

Solo is a city of about 335,000 inhabitants, of whom 2200 are Catholics. It has three hospitals besides ours — that means about 450 beds. 40 patients are all we can care for in the new building. It is not enough for the need. In the outpatient department we now have about 500 a week and it will increase. Medicines are hard to get and are expensive.

—Sr. M. Paraclita, M.D.

DACCA

I suppose you saw in the papers about the terrific floods in East Bengal. This has been the hottest hot season of the seven that I have experienced so far. Because of the high temperature the snows in the hills melted excessively and caused the floods. Over one-third of the Province is under water and to-date, twelve million people are homeless. About 1/3 of Dacca and all of Narayanganj is flooded. We are safe because it is so high here.

On July 31st, a Saturday, Sr. M. Jude came to Dacca from Mymensingh to spend the weekend with us. By Monday the trains were no longer able to run straight through to Mymensingh. On Wednesday, Sister thought she ought to try to return. It took her 14½ hours to get to Mymensingh. She had to go part of the way by country boat and walk about three miles through water up to her knees. All train services are stopped now. The U. S. has promised to send aid to the flood victims.

—Sr. M. Benedict, M.D.

Indonesian women drying tobacco leaves in the sun.

New Holy Family Hospital, Karachi, Pakistan, opened on June 25th, with accommodations for 100 patients. Only half of the hospital is built.

KARACHI

By this time you must have heard that we have actually moved to the new building. We moved half the beds on Monday, the 21st of June, and shifted patients and the rest of the hospital — everything on Tuesday. Wednesday we emptied the Sisters' and Nurses' quarters, and Thursday finished up with the chapel. The moving was all done by *camel cart,* and no one was hurt, *Deo Gratias!* All heavy crates and boxes and cupboards, office files, desks, O. R. Table, Altar, had to be done by hand! The gardener, the ward boys, the kitchen boys, the camel cart driver, all pitched in and did it well.

In the middle of all the moving a baby was born in the new hospital, the first — a little Muslim girl named Zohra.

On Friday, His Excellency, Archbishop Van Miltenburg, blessed the chapel before saying the first Mass, and immediately afterwards, in cope and mitre, he started out with all our staff following to bless each single room in the whole building, plus the basement and the servants' quarters and water tower outside.

The Clergy and the altar boys stayed for a little breakfast in the big waiting room, and then we went back to shoving boxes and stacks of miscellaneous things, etc.

Everything is unpacked now. But I must send a word about the medicines, and boxes of sheets, bandages, etc. God bless those who gave them and every movement of the hands that packed them. The bulk hematinic capsules are simply unbelievable and so *good* to give our poorly nourished mothers. . . .

It is so wonderful to have room!

—Sr. M. Martin, R.N.

Archbishop Van Miltenburg blesses watertower.

RAWALPINDI

One day a woman came asking for work. She had eight children and her husband had no job. We had no work so Martina went away. I kept thinking of her all day. . . . Perhaps it was good Father De Reuter who had baptized Martina and her husband some years before his death, pulling strings for her in heaven. During the day, I suddenly realized that we *did* need a woman. So much linen to be mended — could Martina sew? Yes! She was hired.

Martina is the quiet type and says little, so we learned about her family very slowly. Once I asked her if she went to Church. She said no. She lived too far from it and could not leave the babies alone — a poor excuse but I did not say anything. One day I saw her taking home her dinner, provided by the hospital. I told her this was against hospital regulations. Afterwards, I made it a point not to see it again. Would not any real mother take home food to her c h i l d r e n, especially fruit and sweets they seldom received? After this when grateful patients brought fruit or sweets to the Sisters, Martina received her share for her children. Just about this time the dried milk arrived from the U. S. (N.C.W.C.) and the days became less lean for Martina.

One day I told her she could go into our chapel at any time and tell Our Lord her troubles. Soon she asked if she could come to Mass in our chapel, since her house (hut) was not far from the hospital. She started coming regularly and brought the older children also. I noticed that the children never went to Holy Communion and one day the thought occurred to me that perhaps they had not made their First Holy Communion.

Martina's family in First Communion Clothes.

Sure enough. Why? They had no clothes to go to school, and could not afford to go. The boxes of clothing from the U. S. quickly took care of the clothes problem. Sr. Bernadette was sent out to buy shoes. Sr. Augustine of the Presentation Sisters agreed to take the children in their school. A few days later four of them were in school. One little girl had to stay home to look after the baby, but she also received new clothing.

The four children made their First Holy Communion the Sunday after Easter and the three older ones were confirmed the same day. A few days later, Martina became suddenly ill and had to be admitted to the hospital. She was worried about her children's evening meal, since she always prepared it after going home from work. Sr. M. Bernadette and a student nurse went to their hut with some food. As they neared the place they heard the children's voices coming out from the dark (no light in their home). They were praying the family rosary in Urdu!

—Sr. M. Dolores, R.N.

PROFESSION AND RECEPTION

Profession and reception ceremonies were held in Philadelphia and in houses of the Medical Mission Sisters throughout the world on the feast of the Assumption of the Blessed Virgin Mary, August 15th. The ten Sisters pictured above made their first vows as Medical Mission Sisters at the Motherhouse in Philadelphia. The Rt. Rev. Msgr. Phillip E. Donahue, Vicar for Religious presided at the Ceremonies.

THOSE WHO MADE FIRST VOWS

PHILADELPHIA:

Sr. M. Ambrose Quill, Fair Oaks, Pa.
Sr. M. Berchmans Klein, Harrison, N. Y.
Sr. M. Bernardine Premeaux, Abbeville, La.
Sr. M. Cecilia Inigo, Manila, P. I.
Sr. M. Genevieve Collin, Montreal, Canada
Sr. M. Gonzaga Pearsall, Bay City, Mich.
Sr. M. Imelda Rodrigue, Lockport, La.
Sr. Marie Inez Hackett, Pawtucket, R. I.
Sr. M. Lina Faeldonea, Manila, P. I.
Sr M. Pascal Volker, Atlanta, Ga.

SOUTH SHIELDS, ENG.:

Sr. M. Laurentia Barry, Middlesex
Sr. M. John Bosco Stiles, Oldham, Lancs.

POONA, INDIA:

Sr. M. Francis Xavier Namchu, Darjeeling, Pak.
Sr. M. Therese Toppo, Ranchi, India

KOTTAYAM, INDIA:

Sr. M. Emmanuel Kunnel
Sr. M. Ancilla Pinamarukil
Sr. M. Raphael Kurusinkel
Sr. M. Virginia Valliliappil
Sr. M. Alma Kizhakekara
Sr. M. Kathleen Kuzhumbil
Sr. M. Juliana Poondikulam
(all of Malabar, India)

FINAL VOWS

Philadelphia: Sr. Anne Marie Hager; Mara caibo, S. A.; Sr. Miriam Hoover, Sr. M. Constance Pellicer, Sr. M. Eugenia Jagielski; Mandar, India; Sr. M. Colette Costello; Karachi, Pakistan; Sr. M. Martin Heires.

OLD MACDONALD HAD A FARM . . . *IN BEREKUM*

Sr. M. Laetitia, R.N.

SISTAH, Sistah! quick bring a gun. A snake is chopping (eating) one of your chickens." The Sister grabbed a hoe, the nearest approach to a gun she had, and raced! Chickens are precious. A long, black, shiny snake had a squawking chicken in its mouth which it quickly dropped, and slithered off into the jungle as Sister tried to kill it with her weapon.

"A-a-a-ah" chorused the African, "your chicken will die."

"O-o-o-oh" mourned the Sister, "this is the fourth one those black snakes have poisoned. And they have all died within six hours."

"Let's give it some anti-venom serum," suggested a Sister. "The adult dose is 10cc. How much to give a chicken? Maybe 2cc.!?"

It worked like magic. The hen is still limping a bit, having lost a toe or two.

The snake bite antidote came from South Africa, and was accompanied by a form asking for result of its use.

"Tell them," said a Sister, "one hen cured, one syringe ruined. Please send the antidote for stuck syringes."

* * *

The little chickens ran at their mother's call. One was not quick enough and the hawk swooped down and caught it in its beak.

Sister came running. Carefully she picked it up, and carried it into the dispensary for first-aid treatment. It was badly injured but with a little care and much food it seems to be recovering after three days of tender, loving care.

Yesterday morning one of the Sisters went out into the garden, and came back declaring that it was full of fetishes.

"Glory be!", said Sr. M. Camillus "and right outside the chapel!"

Everybody went out to take a look at the clumps of bamboo sticks stuck in the ground and arranged in patterns all about the compound. Every few minutes a new clump would appear. The Mohammedans saw the surprised looks on the faces of the Sisters and explained they had put up the bamboos so that the hawks would be unable to get the little chicks.

The Mohammedans were visiting a friend of theirs who had been badly injured when his truck had turned over: his leg had been cut open right down to the bone from knee to ankle and the ankle bone badly smashed. He was an energetic young man and was soon tired of doing nothing. He managed to think up a brand new reason for going home: "Sister," said he with a twinkle in his eye, "you might as well let me go home. All I'm doing is watching your chickens."

Mr. Bowles presents credentials to India's President.

BOOK REVIEW

AMBASSADOR'S REPORT

Sr. M. Angela, R.P.T.

Ambassador's Report by Chester Bowles, Harper & Brothers, N. Y. 402 pages.

TODAY, India grasps the key to the world's future. Will democracy succeed in solving the vast problems facing this leading power in Southern Asia or will Communism entice nearly one-half the world population with its insidious mirage of false promises?

Ambassador's Report presents a vivid, perceptive account of this nation, her people, and her leaders. Beginning with a view of India's rich cultural heritage, Mr. Bowles traces her development through Gandhi's great non-violence revolution and the formation of a government which is, "an echo of the great voices of the founders of the American Republic." (Nehru)

In the autumn of 1951 Chester Bowles was appointed ambassador to India where he and his family captured the confidence and love of the people. The world's largest free election was held in 1951; and Prime Minister Nehru announced his "Five Year Plan" which is developing India's vast resources, covering such diverse projects as irrigation and literacy, malaria control and industrial development. This plan must stand up well with Red China's goal of progress; "for there is occurring between these two peoples a competition as to whether ways of freedom or police state methods can achieve better social progress. This competition affects directly 80 million people — in the long run all of humanity including ourselves."

Mr. Bowles describes the deep determination of the people to create this new birth of economic and political freedom. At the same time he analyzes the tactics of Chinese and Russian Communists.

The future of land ownership and cultivation is the most fundamental issue the new democracy faces. Since about 80% of the people live in 500,000 small villages — the peasants are born and die in

debt paying 2/3 of their crops to land owners.

The Point Four Program (now F.O.A.) inaugurated and supervised by Mr. Bowles was a most powerful and constructive program against chaos and communism (three years support costing less than 2 days of World War II.) Teams of technical advisers led and encouraged communities to build better villages, developing educational programs, teaching village crafts, agriculture, public health, and culture of the country.

"The belief that a better life is possible for 2/3 of the world who go to bed hungry every night was to a large extent carried to the underdeveloped world by American Missionaries, travelers and troops. . . ." Help for a neighbor is as old as American Pioneer history!

A perusal of this very informative yet informal, narrative will contribute much to ease many misunderstandings that have grown up between ourselves and India. In this book Mr. Bowles has continued his role of diplomat giving us a deeper understanding and appreciation of the peoples of Asia and the political tensions in which we are all involved.

Catholic Doctor's Congress

(Continued from Page 233)

meyer of Austria, Prof. Luigi Gedda, Physician to the Holy Father, Prof. R. O'Meara (Ireland) and Dr. J. Deeney of Ireland.

There were several religious sisters wearing the Congress badge and investigation brought out the fact that no less than 14 Sister-doctors were participating. Truly, the new era in Medical Mission effort is advancing, as was also brought out by the 21 stalls of the Medical Mission Exhibit held in connection with the Congress.

Mother Anna Dengel, M.D., represented our Society at the Congress with Sister M. Eleanore Lippits, M.D., from the Dutch Proprovince.

Mother Anna Dengel was one of the Speakers on the Programme and in her paper discussed the social and nutritional conditions affecting demography in Pakistan — especially as regards the women and their social customs.

Dr. W. P. Chester of Detroit, Mich., headed the American Delegation, representing the U. S., for the second time at this truly international and Catholic Meeting.

R. I. P.

V. Rev. Frederick T. Hoeger, C.S.Sp., Phila., Pa.

Rev. C. Longhi, P.I.M.E., Detroit, Mich.

Sr. Catherine Dorothea, S.N.D., (Pres. of Trinity College, Wash., D. C.)

Mrs. Anna Clemente, Ozone Pk., N. Y.

Mrs. Mary Connell, Chadds Ford, Pa.

Mrs. Margaret Dorgler, Ozone Pk., N. Y.

Mr. Wm. Gaertner, Blue Island, Ill.

Mr. Francis Gooslein, Bellaire, N. Y.

Mr. John King, Leonia, N. J.

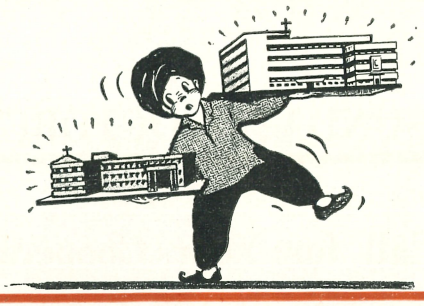
Mr. Louis Silberstein, Renovo, Pa.

Mrs. John Schoeny, Cin., Ohio

Mr. Wm. Toher, Oneida, N. Y.

Mrs. Helen Kibbe Towne, Berkeley, Cal.

Dr. Albert Zahm, Notre Dame, Ind.



WHICH HOSPITAL NEEDS YOUR HELP MOST?

RAWALPINDI, PAKISTAN

It's getting cold in Pindi. The temperature is not *so* low but when you have no heat at all, the patients suffer intensely. Several Kenmore Kerosene stoves are desperately needed.

SEVEN AT LEAST FOR THE WARDS $89. EACH. AND A FIVE GALLON OIL TANK FOR EACH, $8.00 EA.

Pictures are needed to make the halls cheerful and colorful, to show the ideal of motherhood:

MADONNA OF THE GRAPES ..... **32 x 26"—7.00**
MADONNA OF THE VEIL ..... **32 x 26"—7.00**
MADONNA OF THE CARNATION .... **32 x 26"—7.00**

KARACHI, PAKISTAN

They're in the new building now. To make the food appetizing for sick patients, they need:

50 FOOD COVERS ..... **EA. $2.50**
75 BUTTER PATS ..... **EA. .75**

DACCA, PAKISTAN

Our Dacca Holy Family Hospital is still very much in the making. Sr. M. Benedict, M.D., would be grateful for any kind of used INSTRUMENTS (in good condition) and a small instrument sterilizer $75.00.

MYMENSINGH, PAKISTAN

What could be more necessary than these needs?

4 DOZEN BABY BOTTLE NIPPLES ..... **$2.50 doz.**
4 DOZEN SURGEON'S RUBBER GLOVES ..... **$5.00 doz.**

NEW DELHI, INDIA

Holy Family Hospital, New Delhi is going through its "setting-up exercises" too. They need everything from the roof down, but this month they are only asking for a few things:

BLOOD PRESSURE APPARATUS .. **$29.50**
THERMOMETERS ALL KINDS.— ANY AMOUNT?
4 SPONGE BOWLS ..... **ea. $2.50**
4 SOLUTION BOWLS ..... **ea. $7.00**
25 WASH BASINS ..... **ea. $2.00**
25 EMESIS BASINS ..... **ea. $2.00**

THURUTHIPURAM

BALANCE FOR THE PHARMACY $25.00

MANDAR, INDIA

What else can a hospital use? Here's Mandar's needs:

1 WAPPLER MAJOR CAUTERY & LIGHT TRANSFORMER **$69.00**
1 GROSS WHITE, MEDIUM SIZE BATH TOWELS ..... **ea. $ .49**
25 YARDS OF 10" STOCKINETTE $16.50

DEAR SISTERS:

Here is $..... for your mission hospitals.

for ( ) RAWALPINDI ( ) DELHI ( ) THURUTHIPURAM
for ( ) MANDAR ( ) DACCA ( ) KARACHI

Name .....

Address .....

City ..... Zone ..... State .....

MISSION SUNDAY • OCTOBER 24, 1954

is a Call for Your Cooperation in the *HOLY FATHER'S MISSION AID SOCIETY* the SOCIETY for the PROPAGATION of the FAITH

MAKE MISSION SUNDAY

A Day of PRAYER

A Day of ENROLLMENT

A Day of SACRIFICE

POPE PIUS XII AND THE MISSIONS

Continue, dearly beloved, to do your utmost for the missions. While, sad to say, the spirit of charity grows cold throughout the world, because 'truths are decayed from among the children of men,' make plain to the world by your example that men do not live to rend one another in jealous fratricidal strife but rather to unite, as beings destined for eternal bliss, in a sacred pact with God and one another. The goal set by God for human society is love, peace, concord, and union. Spur by your example and fire by your exhortations all who call themselves Christians to spread far and wide the sweet odour of evangelical peace. May they be, each in his own sphere, 'bearers of God, of the Church, and of Christ.'

IT'S A LONG WAY TO INDIA AND PAKISTAN, TOO ....AND IT'S EXPENSIVE...

Each Sister needs $500. in her knapsack for her passage . . .

And there are 18 Sisters leaving for the missions in 1954.

Dear Mother Dengel:

Here are $ .... to help fill Sister's knapsack for her **journey to the missions.**

Name .....

Address .....

City .... Zone ..... State .....